

Effective date: June 1, 2026



# Peach State Health Plan

## Preferred Drug List (PDL) Updates: Q2-2026

**P**each State Health Plan looks at the medications on the Preferred Drug List (PDL) every three months. Medicines are added, removed or changed due to industry standards, availability, or how much it is used. Below are changes to the PDL this quarter. Generic products are preferred.

Drug Name	Update	Notes
MODD1 disposable insulin pump kits	ADD	Add to PDL; PA Required
OMNIPOD disposable insulin pump kits & supplies (OMNIPOD 5 DEXG7G6 (GEN 5); OMNIPOD 5 G7 (GEN 5); OMNIPOD 5 LIBRE2 PLUS G6; OMNIPOD DASH (GEN 4); OMNIPOD POD PALS)	ADD	Add to PDL; PA Required
TWIIST disposable insulin pump kits	ADD	Add to PDL; PA Required
KANJINTI (Trastuzumab-anns 150 MG) <b>Biosimilar HERCEPTIN</b>	CHANGE	Preferred Alternative; PA Required
Teriparatide Pen-injector (brand FORTEO or BONSITY)	CHANGE	Preferred Alternative; PA Required
BONSITY (Teriparatide Pen-injector)	REMOVE	Use Generic
ENHERTU (Fam-Trastuzumab Deruxtecan-nxki 100 MG)	REMOVE	Use PDL Alternatives
FORTEO (Teriparatide Pen-injector)	REMOVE	Use PDL Alternatives; Generic Teriparatide
HERCEPTIN (Trastuzumab 150 MG)	REMOVE	Use PDL Alternatives; Biosimilar Kanjinti
HERCEPTIN HYLECTA (Trastuzumab-Hyaluronidase-oysk 600-10000 MG-Unit/5ML)	REMOVE	Use PDL Alternatives
KADCYLA (Ado-Trastuzumab Emtansine 100 MG; Ado-Trastuzumab Emtansine 160 MG)	REMOVE	Use PDL Alternatives

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Drug Name	Update	Notes
PHESGO (generic Pertuzumab-Trastuz-Hyaluron-zzxf 60 MG-60 MG-2000 UNT/ML; Pertuzumab-Trastuz-Hyaluron-zzxf 80 MG-40 MG-2000 UNT/ML)	REMOVE	Use PDL Alternatives
RIABNI (Rituximab-arrx 100 MG/10ML; Rituximab-arrx 500 MG/10ML) <b>Biosimilar RITUXAN</b>	REMOVE	Use PDL Alternatives
RITUXAN (Rituximab IV 100 MG/10ML; Rituximab IV 500 MG/10ML)	REMOVE	Use PDL Alternatives
RITUXAN HYCELA (Rituximab-Hyaluronidase 1400-23400 MG-Unit/11.7ML; Rituximab-Hyaluronidase 1600-26800 MG-Unit/13.4ML)	REMOVE	Use PDL Alternatives
TYMLOS (Abaloparatide Pen-injector)	REMOVE	Use PDL Alternatives
VECTIBIX (Panitumumab 100 MG/5ML; Panitumumab 400 MG/20ML)	REMOVE	Use PDL Alternatives

For a copy of the preferred drug list (PDL), you may call Member Services at 1-800-704-1484 (TTY/TTD 1-800-255-0056) or visit the Peach State Health Plan website at [www.pshp.com](http://www.pshp.com)

For more information on these programs, please visit our website at [www.pshp.com](http://www.pshp.com), or refer to the Peach State Health Plan member handbook.